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sherry
J. Palmer
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ATTORNEY DOCKET NO: 63286

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : ARNETOLI
Serial No : 09/348,069
Filed : July 6, 1999
For : GRASS-CUTTING...
Art Unit : 3724
Examiner : C. Dexter
Dated : June 19, 2002

PETITION UNDER 37 CFR 1.136 (a)

Sir:

The Office Action dated January 22, 2002 provided for a shortened statutory period for response of three months.

The shortened statutory period expires April 22, 2002.

Since the attached response is being filed within the second month pursuant to 37 CFR 1.136(a) we attach the appropriate petition fee of \$200.00. The difference between the second month fee \$145.00 and the first month fee is enclosed.

Respectfully submitted
for Applicant(s)

By: 

Theobald Dengler
Reg. No.: 34,575
McGLEW AND TUTTLE, P.C.

06/26/2002 NMDHAMM1 00000013 09348069

01 FC:216

145.00 0P

TD:da

Enc. - Check for \$145.00

63286.21

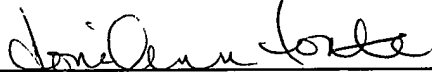
DATED: June 19, 2002
SCARBOROUGH STATION
SCARBOROUGH, NEW YORK 10510-0827
(914) 941-5600

SHOULD ANY OTHER FEE BE REQUIRED, THE PATENT AND TRADEMARK OFFICE IS
HEREBY REQUESTED TO CHARGE SUCH FEE TO OUR DEPOSIT ACCOUNT 13-0410.

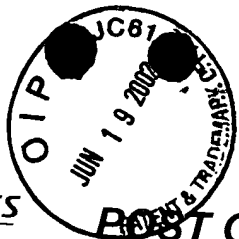
W

I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE
UNITED STATES POSTAL SERVICE AS EXPRESS MAIL IN AN ENVELOPE ADDRESSED
TO: COMMISSIONER OF PATENTS AND TRADEMARKS, WASHINGTON, D.C. 20231,
NO. EV071197062US McGLEW AND TUTTLE, P.C.
SCARBOROUGH STATION, SCARBOROUGH, NY 10510-0827

BY:



DATE: June 19, 2002



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TO ADDRESSEE

ORIGIN (POSTAL USE ONLY)			DELIVERY (POSTAL USE ONLY)		
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Date In		Postage \$	Mo. Day		Employee Signature
Mo. Day Year	<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM	Return Receipt Fee	Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Time In	Military <input type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	COD Fee	Mo. Day		Employee Signature
<input type="checkbox"/> AM <input type="checkbox"/> PM	Int'l Alpha Country Code	Insurance Fee	Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature
Weight lbs. ozs.	Acceptance Clerk Initials	Total Postage & Fees \$	Mo. Day		
No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday			<input type="checkbox"/> WAIVER OF SIGNATURE (Domestic Only): Additional merchandise insurance is void if waiver of signature is requested. I wish delivery to be made without obtaining signature of addressee or addressee's agent (if delivery employee judges that article can be left in secure location) and I authorize that delivery employee's signature constitutes valid proof of delivery.		
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WEDNESDAY
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